DLN: 93493301000012

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

ntemal Re	evenue	Service I he organization may have to use a copy of	or this return to satisfy	state reporting	requirements	Inspection
A For	the 2	011 calendar year, or tax year beginning 07-01-2011	and ending 06-30-201	.2	B.F.	
3 Chec	ck if ap	plicable C Name of organization International Union of Operating			D Employer id	lentification number
Addre	ess ch	ange Engineers Local No 9 Doing Business As		_	84-02354 E Telephone r	
Nam	e char	ge			·	
_ Initia	al retur	Number and street (of P O box it mail is not delivered	d to street address) Room/s	uite	(303) 623	
– Term	nınated	990 Kalamath Street			G Gross receipt	s \$ 1,5/6,6/2
– Amei	nded r					
– Appli	ıcatıon	Denver, CO 80204 pending				
		F Name and address of principal officer		H(a) Is the	s a group retu	rn for
				affiliat		⊤Yes ▽ No
				H(b) Are all	-ffiliatas in alv	ded?
				1 ' '	affiliates inclu	t (see instructions)
Tax-	-exem	pt status	1947(a)(1) or		p exemption n	
We	bsite	:► uoelocal9 com				
				1		M.C
Par		anization		L Year of for	mation 1937	M State of legal domicile CC
Ра		<u> </u>	<u> </u>			
		riefly describe the organization's mission or most sign o organize all people working under the operating engi		To secure imi	prove wages.	hours, working
ا بد		onditions and other economic benefits through organiz				
covernance	-					
<u> </u>	-					
5	2 0	heck this box 🛏 if the organization discontinued its	operations or disposed	of more than 2	5% of its net	assets
		lumber of voting members of the governing body (Part			з	g
ACIIVILES &		lumber of independent voting members of the governin	·		4	
		otal number of individuals employed in calendar year 2			5	21
ž		otal number of volunteers (estimate if necessary) .			6	2.1
ŧ		otal unrelated business revenue from Part VIII, colum			7a	
		let unrelated business taxable income from Form 990-			7a 7b	
_	D 1	et differenced business taxable income from 1 orin 9 90	1, IIIIe 34	Drio	Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			Teal	Ourient real
ā	9				1,135,636	1,133,113
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4			48,743	47,680
Æ	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			55,480	117,752
	12	Total revenue—add lines 8 through 11 (must equal Pa	ne -	33,460	117,732	
	12	12)			1,239,859	1,298,545
	13	Grants and similar amounts paid (Part IX, column (A)				0
	14	Benefits paid to or for members (Part IX, column (A),	line 4)		27,878	43,564
ر م	15	Salaries, other compensation, employee benefits (Pa	rt IX, column (A), lines		052624	600,650
Expenses		5-10)			853,634	698,650
<u>₹</u>	16a	Professional fundraising fees (Part IX, column (A), lin	ne 11e)			0
죠	Ь	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0				
	17	Other expenses (Part IX, column (A), lines 11a-11d			454,238	450,191
	18	Total expenses Add lines 13–17 (must equal Part I)			1,335,750	1,192,405
	19	Revenue less expenses Subtract line 18 from line 12	2	—	-95,891	106,140
8 9 2 8 1					of Current ear	End of Year
net Assets or Fund Balances	20	Total assets (Part X, line 16)			1,110,384	1,217,499
35 55	21	Total liabilities (Part X, line 26)			4,090	565
E E	22	Net assets or fund balances Subtract line 21 from lir			1,106,294	1,216,934
Part	316	Signature Block				
Jnder _l	penal edge a	Signature Block ties of perjury, I declare that I have examined this return, i nd belief, it is true, correct, and complete. Declaration of p				
		*****		120	12-10-27	
Sign		Signature of officer	12-10-27 te			
dere		Daniel J Owens Business Manager				
		Type or print name and title				
			Date	Check If	Prenarer's tave	aver identification number
אייט		Preparer's signature Margaret Keller	self-	(see instruction	,	
Paid Propar	ror' c		employed 🕨 🦳			
Prepar Use Oi		Firm's name (or yours KELLER CPA LLC if self-employed),			EIN Þ	
,s€ Ul	iiiy	address, and ZIP + 4 7403 ROBINSON WAY		_		
		ARVADA. CO 80003			Phone no 🕨 ((303) 456-5664

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes

✓ No

Par	t III	Statement of F Check if Schedule			lishments Jestion in this Part III		
1	Brief	y describe the orgai	nızatıon's mıss	ion			
					afts jurisdiction To secu collective bargaining	re improve wages, hours,	working conditions and
2	the pr	or Form 990 or 990	D-EZ?		ervices during the year w		┌ Yes ┌ No
		s," describe these n					
3	servi	ces?			nt changes in how it cond	ucts, any program	┌ Yes ┌ No
	If "Ye	s," describe these c	hanges on Sch	edule O			
4	exper	ses Section 501(c)(3) and 501(c)(4) organizations	and section 4947(a)(1)	e largest program services) trusts are required to rep program service reported	
4a	(Code	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	To se	cure improve wages, ho	urs, working cond	itions and other econd	omic benefits through organiza	tion, negotiations and collective	
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code	е) (Expenses \$		including grants of \$) (Revenue \$)
			,				
4d		er program services	•	•	e #) (Daylanua +	,
		enses \$		ncluding grants of	Γ\$) (Revenue \$)
4e	Tota	l program service ex	rpenses►\$				

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		N o
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		N o
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		N o
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
			nrm 990	(2011

	990 (2011) rt V Statements Regarding Other IRS Filings and Tax Compliance			Page .
T C	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No.
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
6 -	December and the second	5c		N. a
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No No
7	Organizations that may receive deductible contributions under section 170(c).	OB		110
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
L	services provided to the payor?	7h		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			N
9	Sponsoring organizations maintaining donor advised funds.	8		No
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		No
h	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by	134		110
U	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No
		F	orm 99	0 (2011

Form 990 (2011) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 9 1a Enter the number of voting members included in line 1a, above, who are 0 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was Νo

	ined	-		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	II	No

- List the States with which a copy of this Form 990 is required to be filed▶ 17
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 IUOE Local 9 Executive Board 990 Kalamath Street

Denver, CO 80204 (303)623-3194

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Tıtle	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Sean Sewill Auditor	1 00			Х				0	0	0
(2) James Hope Executive Board	1 00			Х				492	0	0
(3) Jerry Dorn Auditor	1 00			Х				0	0	0
(4) Martin Pate Auditor	1 00			Х				0	0	0
(5) Mendal Clark Auditor	1 00			х				0	0	0
(6) Chadley McCullough Trustee	1 00			Х				0	0	0
(7) Ryan Dowd Trustee	1 00			х				0	0	0
(8) Kım Whitney Trustee	1 00			Х				0	0	0
(9) Rocky A Hodge Executive Board	1 00			х				596	0	0
(10) Brian D Edwards Executive Board	1 00			Х				0	0	0
(11) Kenneth A Blenker Executive Board	1 00			х				695	0	0
(12) Lawrence H Kleiner Treasurer	40 00			Х				53,060	0	23,701
(13) Mike J Smith Financial Secr	40 00			х				0	0	0
(14) Aaron Genova Treasurer	40 00			х				4,061	0	0
(15) Daniel W Shake Vice President	40 00			Х				53,170	0	23,681
(16) Sandra Crouse President	1 00			х				0	0	0
(17) Daniel J Owens Business Mgr	40 00			х				69,488	0	25,650

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

for related organizations in Schedule O) for diighest compensated organizations Formula or diighest compensated organizations Formula organizations Formula organizations Formula organizations Formula organizations Formula organizations	(A) Name and Title		(B) Average hours per week (describe hours	unles ar	on (d e tha	n on son er a	e bo is bo nd a stee	x, oth)	ı	Repo compe fron organiza	rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima mount o compens from t rganizati	ited fother sation the on and
Treasurer 100			for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former						
c Total from continuation sheets to Part VII, Section A .			1 00						х		397		0		0
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
c Total from continuation sheets to Part VII, Section A .															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0 Tyes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b	Sub-Total				٠.	٠.					l			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	С								•						
\$100,000 of reportable compensation from the organization \(\begin{array}{c c c c c c c c c c c c c c c c c c c								<u>. </u>							73,032
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2						ted	above) who	received	i more tha	ın			
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual														Ves	No.
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3										compens	ated employee	3		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organiz											4		No
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Description of services Compensation Compensation	5										anızatıon d	or individual for			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation Compensation			,									L		I	
(A) Name and business address Description of services Compensation		Complete this table for your five	highest comper												
Name and business address Description of services Compensation		or within the organization's tax y										(B)		(C	<u> </u>
		Na		dress							Desc		+		
													\downarrow		
													+		
		T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.											\downarrow		

Рагс у		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
22	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	Ь	Membership dues	1b				
ಕ್ತ		·					
कें ह	C	Fundraising events	1c				
<u>≅.</u> ह	d	Related organizations	1d				
ωĒ	e	Government grants (contributions)	1e				
들ᅏ	l f	All other contributions, gifts, grants, and		İ			i
要を	-	sımılar amounts not ıncluded above					
置る	g	Noncash contributions included in					
돌	_	lines 1a-1f \$					
ुं ख	h	Total. Add lines 1a-1f		0			
ru.			Business Code				
Ě	2a	Membership Dues	900099	1,035,393	1,035,393		
e Re	Ь	Assessments and Fines	900099	97,720	97,720		
蓬		Assessments and times	900099	97,720	97,720		
2	C						
<u>.</u>	d						
S	e						
<u>e</u>	f	All other program service revenue					
Program Service Revenue	'	Jane. program service revenue					<u> </u>
₫	g	Total. Add lines 2a-2f	<u> </u>	1,133,113			
	3	Investment income (including divi	dends, interest				
		and other similar amounts)	▶ ↑	46,737			46,737
	4	Income from investment of tax-exempt b	F	0			
	5	Royalties		0			
	_	(ı) Real	(II) Personal				
	6a .	Gross rents					
	b	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)	<u> </u>	0			
	"			Ĭ			
	l_	(i) Securities	(II) O ther				
	7a	Gross amount 278,033 from sales of					
		assets other					
	Ь	than inventory Less cost or 277,090)				
	"	other basis and					
	_c	sales expenses Gain or (loss) 943	1				
		` '		943			943
	d	Net gain or (loss)		943			943
4.	8a	Gross income from fundraising					
Ξ		events (not including					
₽		\$ of contributions reported on line 1:	c)				
<u> </u>		See Part IV, line 18	- /				
<u>.</u>			a				
Other Revenue	ь	Less direct expenses	b				
5	c	Net income or (loss) from fundrais	ing events 🕨	o			
	9a	Gross income from gaming activiti					
	-	See Part IV, line 19					
			a				
	ь	Less direct expenses	b				
	c	Net income or (loss) from gaming	activities	o			
		Gross sales of inventory, less					†
		returns and allowances .					
			a 1,037				
	Ь	Less cost of goods sold	b 1,037				
	_ c	Net income or (loss) from sales of	_,	o			
	Ť	Miscellaneous Revenue	Business Code	1			+
	11-		900099	53,390	53,390		
	11a	Reimbursed wages, fringes			·		
	b	Reimbursed office expense	900099	5,193	5,193		
	c	Insurance settlement	900099	57,795	57,795		
	d	All other revenue		1,374	1,374		
	e	Total. Add lines 11a-11d					
				117,752			
	12	Total revenue. See Instructions	▶				
		. Jean revenuer See Tristituctions	• • • •	1,298,545	1,250,865		47,680

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	43,564			
5	Compensation of current officers, directors, trustees, and key employees	269,926			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	268,331			_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	56,109			
9	Other employee benefits	59,662			
10	Payroll taxes	44,622			
11	Fees for services (non-employees)				_
а	Management	0			-
b	Legal	12,629			
c	Accounting	23,399			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	46,974			
14	Information technology	17,510			
15	Royalties	17,310			
	·				
16	Occupancy	36,782			
17	Travel	15,929			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,180			
20	Interest	0			
21	Payments to affiliates	217,106			
22	Depreciation, depletion, and amortization	12,018			
23 24	Insurance	21,205			
а	Refunded dues and initiation	4,327			
a b	Postage and Shipping	12,304			
c	Membership items	4,364			
d	Credit card processing fees	12,170			
u e	Bank service fees	4,153			
e f		,			
-	All other expenses	5,141	_	_	_
25	Total functional expenses. Add lines 1 through 24f	1,192,405	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Pa	rt X	Balance Sheet						
						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				24,558	1	90,770
	2	Savings and temporary cash investments				88,552	2	66,810
	3	Pledges and grants receivable, net					3	0
	4	Accounts receivable, net					4	0
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	key e	mployees	s, and			
		Schedule L					5	0
	6	Receivables from other disqualified persons (as defined under se persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
6		Schedule L					6	0
Assets	7	Notes and loans receivable, net					7	0
8	8	Inventories for sale or use				5,036	8	3,999
◂	9	Prepaid expenses and deferred charges					9	0
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a		415,965			
	b	Less accumulated depreciation	10b		359,852	41,415	10 c	56,113
	11	Investments—publicly traded securities				873,573	11	919,536
	12	Investments—other securities See Part IV, line 11		77,250	12	80,271		
	13	Investments—program-related See Part IV, line 11					13	0
	14	Intangible assets					14	0
	15	Other assets See Part IV, line 11					15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)				1,110,384	16	1,217,499
	17	Accounts payable and accrued expenses .				4,090	17	565
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability Complete Part IV of Schedule	D				21	
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		•				
죭		persons Complete Part II of Schedule L					22	
ä	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties .					24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d third	parties,			25	
	26	D Total liabilities. Add lines 17 through 25				4,090		 565
-S	20	Organizations that follow SFAS 117, check here ► 🔽 and compl	ete lin	es 27		4,555	20	
ě		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets		1,106,294	27	1,216,934		
89	28	Temporarily restricted net assets					28	
핃	29	Permanently restricted net assets			29			
or Fund Balance		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	comp	lete				
	30	Capital stock or trust principal, or current funds					30	
ģ	31	Paid-in or capital surplus, or land, building or equipment fund .			31			
Assets	32	Retained earnings, endowment, accumulated income, or other fur			31			
Net /	33	Total net assets or fund balances				1,106,294		1,216,934
ž	34	Total liabilities and net assets/fund balances				1,110,384		1,217,499
						1 ., 1 10,004	J-7	.,217,700

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,2	298,545
2	Total expenses (must equal Part IX, column (A), line 25)		1,1	192,40
3	Revenue less expenses Subtract line 2 from line 1			106,140
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			106,294
5	Other changes in net assets or fund balances (explain in Schedule O)			4,500
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		1,2	216,934
Pa	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		৮	
1	Accounting method used to prepare the Form 990		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	. 2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue on a separate basis, consolidated basis, or both	d		
	✓ Separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed 3b		No

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 84-0235475

Name: International Union of Operating

Engineers Local No 9

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493301000012

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number International Union of Operating Engineers Local No 9 84-0235475 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter - 0 -

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2011

	C /F	000	000		
chedule	C (Form	990	or 990-	EZ)2	2011

f Grassroots lobbying expenditures

o ch	ledule C (Form 990 or 990-EZ) 2011					Page 2
Pa	complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and fi	ed Form 5768	(election
Α	Check If the filing organization belongs to a	an affiliated group (and	list in Part IV each	affiliated ard	up member's nam	e. address. EIN
	expenses, and share of excess lobb	ying expenditures)		J		-,
<u>B</u>	Check If the filing organization checked box	x A and "limited contro	l" provisions apply	1		1
	Limits on Lobbying E	Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" means ar		.)		O rganızatıon's Totals	Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	byıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	b)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on IIr	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,00	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,000)		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	 ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ento	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
	If there is an amount other than zero on either lir		organization file Fo	ı rm 4720 rep	orting	
	section 4911 tax for this year?					┌ Yes ┌ No
	(Some organizations that made a columns below. See the		ection do not h r lines 2a throu	ave to cou ugh 2f on p	page 4.)	ne five
	Lobby mg Lxp			ing renou		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	IOT fi	led F)rm		age 3
	(election under section 501(h)).	10111	ieu r	-1 111	3700	
		(6	a)		(b)	
		Yes	No	'	Amour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	•				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), (or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	Yes	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493301000012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

	the organization al Union of Operating			Empl	oyer ident	ificatio	n numbe	er	
	Local No 9			84-0235475					
Part I	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, Part IV, line 6.							the
		(a) Donor advised	funds	(b) Funds a	nd othe	raccou	ınts	
	I number at end of year								
	egate contributions to (during year)								
	egate grants from (during year)								
Aggre	egate value at end of year								
	the organization inform all donors and donor advi s are the organization's property, subject to the			r advis	sed	Γ	_ Yes	Г	No
used	the organization inform all grantees, donors, and I only for charitable purposes and not for the ben erring impermissible private benefit					Г	_ Yes	Г	No
rt II	Conservation Easements. Complete	ıf the organization answ	vered "Yes" to	Form	990, Pa	rt IV, lı	ne 7.		
Г I Сот	ose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a qualisement on the last day of the tax year	on or pleasure) Pres	servation of an h	ertified	historic s	tructure		a	
					Held at	the End	d of the	Yea	ır
Tota	I number of conservation easements			2a					
Tota	I acreage restricted by conservation easements			2b					
Num	ber of conservation easements on a certified his	toric structure included in	(a)	2c					
Num	ber of conservation easements included in (c) a	cquired after 8/17/06		2d					
	axable year 🛌 ber of states where property subject to conserva	ation easement is located •	<u> </u>	_					
	s the organization have a written policy regarding rcement of the conservation easements it holds?		nspection, handl	ing of	violations		_ Yes	Γ	No
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforcing conse	ervation easeme	nts du	rıng the y	ear ►			
A mo ► \$_	unt of expenses incurred in monitoring, inspecti	ng, and enforcing conservat	tion easements	durıng	the year				
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requi	rements of secti	on		Г	_ Yes	Г	No
balar	art XIV, describe how the organization reports concesheet, and include, if applicable, the text of the	the footnote to the organiza							
rt III	Organizations Maintaining Collection Complete if the organization answered '			r Oth	er Simil	ar As	sets.		
art, h	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition, educa	ation or research	ın fur				e,	
hısto	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for j ide the following amounts relating to these items	public exhibition, education							
(i) _R	evenues included in Form 990, Part VIII, line 1				► \$_				
(ii) A	Assets included in Form 990, Part X				► \$				
Ifthe	e organization received or held works of art, histo wing amounts required to be reported under SFA			financ					
Rava	anues included in Form 990 Part VIII line 1				▶ ⊄				

Assets included in Form 990, Part X

	Organizations Maintaining Co	nections of Art	, HIS	LUII	cai ire	asui	C3, 01 Oti	ner	Similar As	set	5 (coi	itinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	_		-		e of its collec	tion		
а	Public exhibition		d	Г	Loan or	exch	ange progra	ms				
b	□ Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	/ further	the or	ganızatıon's	exe	mpt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to									┌ Y	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered	"Ye	s" to Form 9	990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontributi	ons or	other asse	ts no		┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able				Ar	noun	t	
c	Beginning balance						1	.c				
d	Additions during the year							.d				
e	Distributions during the year						F	e l				
f	Ending balance						<u> </u>	.f				
2a	Did the organization include an amount on Fe	orm 990 Part V line	o 212					·				
	If "Yes," explain the arrangement in Part XIV		E 21'							, 1,	E S	1 140
	rt V Endowment Funds. Complete		n anc	wor	nd "Voc'	' to E	orm 990 E)art	TV line 10			
FŒ	Endowment I unus. Complete	(a)Current Year		Prior '					rree Years Back	(e)F	our Ye	ars Back
La	Beginning of year balance					-			_			
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	as									
- а	Board designated or quasi-endowment											
b	Permanent endowment											
c 3a	Term endowment Are there endowment funds not in the posse	ssion of the organiz	ation	that s	re held s	and ad	Iministered :	for t	he			
Ju	organization by	ssion of the organize	acioni	ciiac e	ire ireia c	ina aa	iiiiiiistereu	101 (iie	Г	Yes	No
	(i) unrelated erganizations								3a	(i)		
	(i) unrelated organizations											
	(ii) related organizations					• •			3a(ii)		
b	(ii) related organizations		d on S				· · · ·		3a(-		
4	(ii) related organizations		d on S dowme	ent fu	nds					-		Ξ
4	(ii) related organizations		d on S dowme	ent fu	nds					-		
4	(ii) related organizations		d on S dowme	ent fu irt X	nds	other	(b)Cost or ot basis (other			ed	(d) Bo	ok value
4 Par	(ii) related organizations		d on S dowme	ent fu irt X	nds , line 10 i) Cost or c	other			(c) Accumulate	ed	(d) Bo	ok value
4 Par 1a	(ii) related organizations		d on S dowme	ent fu irt X	nds , line 10 i) Cost or c	other			(c) Accumulate	ed	(d) Bo	ok value
4 Par 1a b	(ii) related organizations		d on S dowme	ent fu irt X	nds , line 10 i) Cost or c	other		r)	(c) Accumulate	ed	(d) Bo	
4 Par 1a b c	(ii) related organizations		d on S dowme	ent fu irt X	nds , line 10 i) Cost or c	other	basis (other	r) 050	(c) Accumulate depreciation	ed 694	(d) Bo	41,356
4 Par 1a b c	(ii) related organizations	ns listed as required e organization's end ent. See Form 99	d on S dowme	ent fu irt X	nds , line 10 i) Cost or c	other	basis (other	050 682	(c) Accumulate depreciation	ed 694 439	(d) Bo	ok value 41,356 12,243 2,514

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation -year market value
(1)Financial derivatives		Cost of end of	year market value
	90 271		
(2)Closely-held equity interests Other	80,271		C
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	80,271		
Part VIII Investments—Program Related. See	Form 990, Part X, line		d of voluntion
(a) Description of investment type	(b) Book value		d of valuation -year market value
		COST OF CHA OF	year market value
Table (California (h) abaseld a supl Farm 2000 Part V and (R) to a 42)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			(h) Book value
(a) Descrip	otion		(b) Book value
Table (Calument (b) about a soul forms 000. Book V. and (B) time 1	<i>5</i>)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8	3,021 4,500 1,301,396
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Otal adjustments (net) Add lines 4 - 8 9	3,021 4,500 110,640
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9	3,021 4,500 110,640
5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9	3,021 4,500 110,640
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9	4,500
6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (net) Add lines 4 - 8	4,500 110,640
7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9	4,500
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9	4,500
9 Total adjustments (net) Add lines 4 - 8	4,500
Total dajastilents (net) Add lines T	110,640
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	,301,396
T I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	4,500
3 Subtract line 2e from line 1	,296,896
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,649	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	1,649
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	,298,545
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
Total expenses and losses per audited financial statements	,190,756
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	,190,756
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,649	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	1,649
	,192,405
Part XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
•	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Net change in IUOE No 9 Buidling Associa \$3021
•	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Net change in IUOE No 9 Building Association \$3021

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DLN: 93493301000012

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

International Union of Operating

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Eng	ineers Local No 9			84-0235475			
Pa	rt I Questions Regarding Compensation	n					
						Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel			Housing allowance or residence for personal use			
	Travel for companions			Payments for business use of personal residence			
	Tax idemnification and gross-up payments			Health or social club dues or initiation fees			
	Discretionary spending account	Γ		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc				1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the			o establish the compensation of the			
	Compensation committee			Written employment contract			
	☐ Independent compensation consultant			Compensation survey or study			
	Form 990 of other organizations	Γ		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VI	II,	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payme	nt	?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal no	nq	ualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	on	npensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide t	:he	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com	ηpl	ete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	а, (did the organization pay or accrue any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						

payments not described in lines 5 and 6? If "Yes," describe in Part III

compensation contingent on the net earnings of

If "Yes," to line 6a or 6b, describe in Part III

The organization?

ın Part III

8

Any related organization?

section 53 4958-6(c)?

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 6a 6b

7

8

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Bryan Corley	(1) (11)	397					397	
								1 1 (5

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization International Union of Operating Engineers Local No 9 Employer identification number

84-0235475

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Local's Form LM-2 Labor Organization Annual Report is available at the Department of Labor OLMS web site and the Form 990 is available at the Guide Star web site The International Constitution and the Local Union's By-Laws and Policy Book are readily available upon request. The members are presented with the monthly financial at the general membership meetings.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 will be completed annually and copies will be provided to the Executive Board for approval. At that time the Board would review the Form 990 with the Local Union's auditor. Any necessary changes will then be updated on the Form. Once necessary changes are made and the finished Form 990 is approved, it will be signed by the Principle Officer, dated and submitted by the filing deadline.
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	A mail referendum vote by all the members in good standing of Local No 9 for amendments to the bylaws (Article XVIII) Plans for dissolution or mergers (Article II)
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The elections of IUOE Local No 9 are held in accordance with the provisions of the IUOE Local No 9 By-laws. The officers nominations are made at district meetings and the election are held by mail referendum ballot.
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	IUOE Local No 9 is the bargaining representative of the employees covered by collective bargaining agreements. Eligibility to membership in this Local Union is according to the International Constitution, and applicants for membership must comply with and be subject to requirements imposed by IUOE Local No 9's By-Laws and the International Constitution
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	During June 2011, the IUOE Local 9's management became aware that members' cash payments were unaccounted for after the termination of a long-time employee. That employee was allegedly manipulated the operating systems daily journal to conceal the members' cash payments in the approximate amount of \$53,761. On October 6, 2011, IUOE Local 9 informed the U.S. Department of Labor, OLMS Denver District Office is undergoing an investigation of the embezzlement of union funds. Related to this matter, the Local received insurance settlements for the loss in the amount of \$52,398.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493301000012

OMB No 1545-0047 2011

Open to Public Inspection

Schedule R (Form 990) 2011

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Engineers Local No 9					84-023547	5		
Part I Identification of Disregarded Entities (Co	omplete	ıf the organızatıo	n answered "Yes"	on Form 990, Pa	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgon or more related tax-exempt organizations dur			f the organization	answered "Yes"	on Form 990, Pa	art IV, line 34 becau	ise it had	l one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) Direct controlling entity	Section 5 cont	(g) 512(b)(1 itrolled nization
(1) IUOE 9 Building Association							Yes	No
990 Kalamath Street Denver, CO 80204 23-7015042	IÚOI	rating and maintain E Local No 9 erties	СО	501(c)(2)		IUOE Local No 9		No
(2) Colorado Operating Engineers Vaction Fd								1
990 Kalamath Street Denver, CO 80204 23-7314809		unt for vacation efits for members	со	501(c)(9)		N/A		No
(3) CO Journ & Apprn Training for OE								
990 Kalamath Street Denver, CO 80204 84-6051394	jour	ning and education for neymen and rentice	со	501(c)(3)		N/A		No
(4) Colorado Operating Engineers H&W								†
5511 W 56th Ave 250 Arvada, CO 80002 23-7036156	men	ide health benefits to nbers and their endents	со	501(c)(9)		N/A		No

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No	}

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

chec	dule R (Form 990) 2011		Ρa	age 3
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	\vdash
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	1
n	Sharing of paid employees with related organization(s)	1n	Yes	
o	Reimbursement paid to related organization(s) for expenses	10		No
	Reimbursement paid by related organization(s) for expenses	1р	Yes	
а	Other transfer of cash or property to related organization(s)	1q		No
-	O ther transfer of cash or property from related organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(b)	(d)		
	(a) (c) Method of de		ning am	ount

Name of other organization	type(a-r)	Amount involved	involved
(1) IUOE 9 Building Association	J	29,715	Cost
(2) Colorado Operating Engineers Vaction Fd	р	354	Cost
(3) CO Journ & Apprn Training for OE	р	4,428	Cost
(4)			
(5)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging iner?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	1
													l
													1
													1
													1

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011